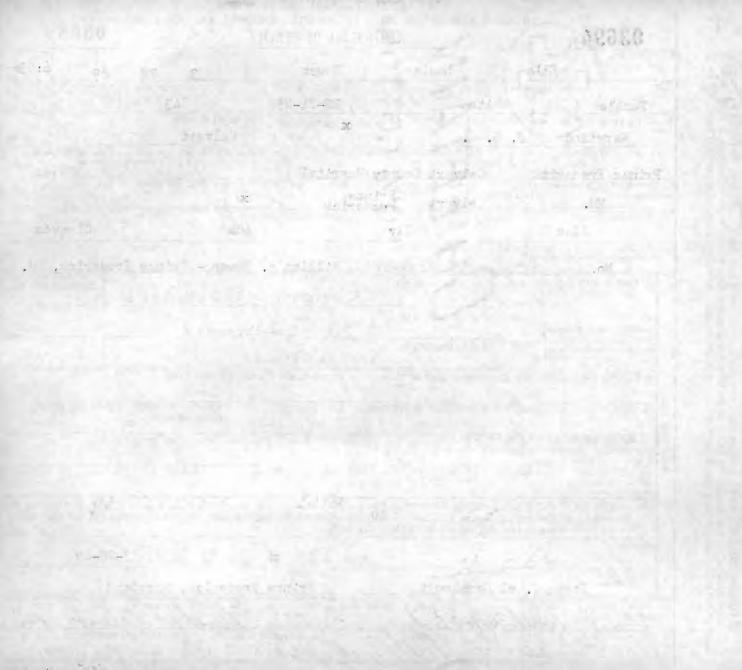
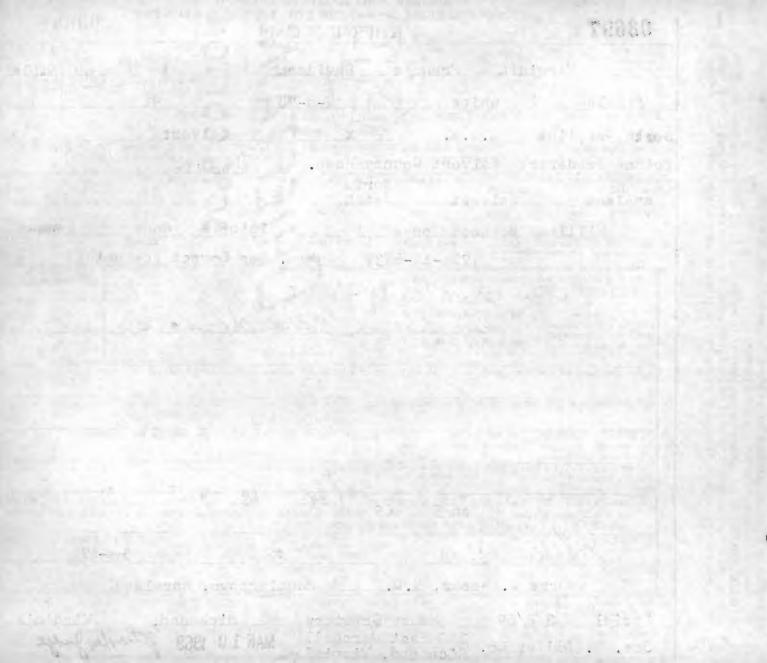
FOR STATE	03693 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  0368	8									
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 2a. DATE KNOWN Month Day	Year   2b. HOUR									
to to ge	(Type or Print)  Beatrice Katherine Adams  OF ESTI- 3  DEATH MATED 3  8	1969 11:45 M									
delay is and 3 to the Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d. HOUR									
de de la de	Female White 9-23-16   S2 YRS.   MONTHS OAYS HOURS MIN Manth Day Yes										
E4.	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17 () F/									
form form	Country Conn. U. S. A. WIDOWED DIVORCED Calvert	Me									
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. Kit	ND OF BUSINESS OR									
1 = 37	LPrince Frederick Calvert County Hosp, Housewife	Prince Frederick   give street address)   during most of working life, even if retired.)   INDUSTRY									
with deoth	13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. district CITY LIMITS? 13e. STREET AND NUMBER										
de de de	Md. Calvert North Beach 15 NO 00										
hours Item 1 Office 1 and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last									
hin 24 hours ncil in Item 1 niner's Office pages 1 and 2 hours ofter d	James Kennedy Agnes Mor	gan									
d within 24 in pencil in Examiner's File pages in 72 hours	Too. WAS DECEASED EVER IN U.S. ARMED FORCES?  [Yes, na, or unknown] (If yos give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS										
with personal persona	Inkacian No Albert Adams North Beach,										
should be executed wire word "pending" in perior the Chief Medical Example buriol-transit permit. File In any event within 72	10. CADSE OF BEATH (Enter only one couse per line (g), (D), and (c),	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH									
ding ding ledit	MMEDIATE CAUSE (0) CONOLLON The souls of: 5.										
e es pen ef M ef M sit p	PART I. DEATH WAS CAUSED BY:  4109 IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave a consequence of the conseq										
d b d b Chir	The state of the s										
should e word o the Ch ouriel-tra in ony	stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF										
o bu	PART 2 OTHER SIGNISIANT CONDITIONS CONTRIBUTING TO REATH BUT NOT BUILDED TO THE TERMINAL DISEASE OR CONDITION CHIEF IN DARK ALL										
ing os os	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
INER: This certificate, write should be farwor files. 3 should be used as should be used to still the stil		D. AUTOPSY?									
te ta	WAS PERFORMED?	YES NO									
If be											
ER: cert cert coult es. shou ion,	PRIMARY OF CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street) 21f. IDCATION Street or R.F.D. No. City or Town.										
XAMINER: the the certified 4 should your files. Your cremotion,	The booking street of the stre	Y State									
L EXAM ecute th Poge 4 for your R: Poge iol, crem	WHILE NOT WHILE AT WORK AT WORK AT WORK										
	220. I certify that I taok charge af the remains described above, held an Autopsy , Inspection Inquiry , a	nd in my apinian									
DEPUTY DICAL E	death resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined manner										
pleose direct direct DIREC	CHIEF MEDICAL EXAMINER										
JTY SIC, pleose e eral director be retained RAL DIRECT prior to bu	SIGNATURE SIGNATURE 22b. DATE SIGNED										
EPUTY sssory, p funeral oy be ra JNERAL Ith prio	EXAMINER'S DEPUTY MEDICAL EXAMINER 3-9-69										
TO DEPUTY necessory, the funero 5 moy be TO FUNERA Heolth pr	NAME (Type) Issam F. el Damalouji, M. D. ADDRESS(Street, city, town, or county) Prince Fred										
7 - 25 E	23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County,										
02	Burial Mar. 12, 1969 So. Memorial Gardens Dunkirk Calver										
VR ATSMENS	1410										
10M REV. 1768	Tulchun Tuneral Home Owings, Maryland DAMAR 17 1969 Kelunda O	20 20 00									

sent and the sent the X = -7 -William to the visual fravior of the same moved to the second second second second Albert Carl Lines tines, to THE LESS STATE OF THE PARTY COUNTY OF THE PARTY OF THE PA





196000 SI-DI-I attill efekt dant energy and the least the control of the second of t 800 A 3 Mark Mark Top-2-17-0 N.M. Estate . School Street NAME OF THE PARTY Browenk , selenker of the contract of the cont 大概要量表 (1 - 1 - 1 ) · 1 ( ) · 1 ( ) · 1 ( ) · 1 ( ) · 1 ( ) · 1 ( ) · 1 ( ) · 1 ( ) · 1 ( ) · 1 ( ) · 1 ( ) · 1



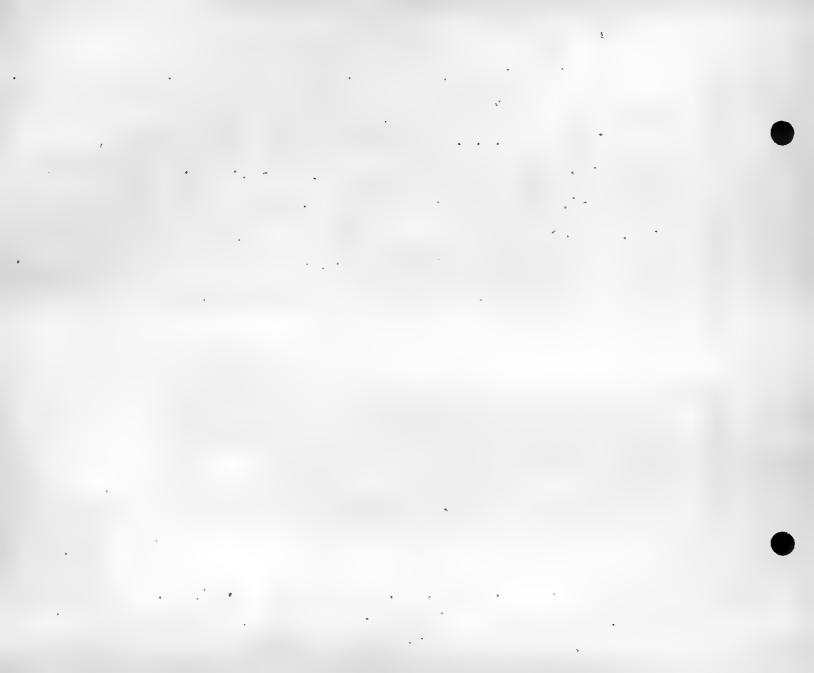
- 1	MP A					NT OF HEAL				
- [	03698	DIVISIO	N OF VITAL RECORDS,				RE, MARYLAND			
L	170000			CERTIFICA	ATE OF D	EATH		0	3693	
T	DECEASED NAME (Type or print)	First	Middle		Lost		DATE OF DEATH Month	Dan	Vaar	2b HOUR
L		Eva	Lorene		Grove	2	3	ib	780r	1440aM
3.	SEX	4 RACE		1	DATE OF BIRT		6 AGF (In lost birth	years	F JNDER 1 YEAR MONTHS DAYS	IF JADER 24 HRS. HOURS MIN
	female		white		7-16	-91	77	YRS	MONTHS DATE	WORZ MAN
7.	B-RTHPLACE (State or foreign	n 7b. CIT-ZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRI	ED 9. CO	UNTY OF DEATH			
	Maryland	U.	S.A.	WIDOWED [		<u> </u>		vert		Md.
- 1	CITY OR TOWN OF CEATH		11 NAME OF HOSPITAL OR IN			120 USUAL OCC	UPATION (Kind of w	fork done	126 KIND OF 8	USINESS OR
	Prince Frede		Calvert Co	unty H	osp.	hous	working life, even i OWIT O		H	me_
1.	o USUAL RESIDENCE (Where of Imission) STATE	deceosed lived, f	nstitution: Residence before	13c CITY OR T		INSIDE CITY LIMITS?	13e STREET AND N	UMBER		
7 -	Maryland		UNTY	Lush	Y	'ES NO NO				
1	4. FATHER'S NAME First		iddle Lost	.15.	MOTHER S MAID	EN NAME First		Middle		lost
L	Benja		Garne	p		Lilli	an		000	len
- [ '	60 WAS DECEASED EVER IN U.S. Yes, no, or unknown) 1 (If ye	<ol> <li>ARMED FORCES!</li> <li>gryal war or dates of se</li> </ol>	rvice)		FORMANT			Address		
-	no		217-36-	J	Wilbur	· T. Gr	over	ហន្សភ	Marz	land
	18. CAUSE OF DEATH (En PART 1. DEATH WAS (	ter only one cous	per line far (a), (b), and (c)	)		,			BETWEEN ON	SET AND DEATH
П	IM	MEDIATE CAUSE (	1-000	nang	oce	leon			106	den_
		DUE T	D, OR AS A CONSEQUENCE OF	-	,	4-110	e			7
	Conditions, if any, which the rise to immediate cause	fold	b) /44/	seller				<del></del>		
	stating the underlying colors.		O, OR AS A CONSEQUENCE OF	71-	W.T.	2211	1/11- 3	7		
	_	IT CONDITIONS CO	NTR-BUTING TO DEATH BUT N	OT DELATED TO	THE TERMINAL C	HELTER OBCOMPLY	TON CHIEN IN DADY	(-)		
	PART Z UTHER SIGNIFICAN	מו נשטוונטאט נ <u>ס</u>	NIKIBUIMO IO DEATE BUL N	OI KELATED TO	INE TEKMINAL E	HISTARE OKCONDIT	ON GIVEN IN PARE	(o)		
1	190 DATE OF OPERATION 210 ACC DENT WAS UNDE	TI95 CONDITION	OR WHICH OPERATION WAS PE	REORMED	200 AUTOPS	Y?	20b. IF YES, WERE	FINDINGS CO	NSIDERED IN CER	ETIFYING
					YES 🗍	NO 🗍	CAUSES OF DEATH?			
			TIME OF INJURY	21c HOV			re of injury in Port 1	or Port 2, It	em 18.)	
	OR CONTRIBUTING CAUSE  Of on ther, notify medical e	OF DEATH HOU	RAM. Month Doy Year P.M. 1			,			,	
			EJURY (AT HOME, FARM, STREET, FA		ATION Street	or R F.D. No	City or Town		County	Stote
П	While Not while of work		COPPLET BUILDING FIL							
	22a. Leeftify that (I	) (this bospite	arch 10	ed, fram		, 19	to March	1019_	69 , that	(I) (we) last
1	saw the deceas	ed alive on M	arch 10	19 <u>69</u> and	that in (my)	(aur) apınian	death accurred a	on the dat	e and haur a	nd from the
	22b SIGNATURE	oove, (i) (we)	(did) (did nat) view the	body after de	earn.	***************************************		22- 13	ATE SIGNED	
	220 SINGATURE	ALL	lower	DEGRE	ATTENDING	MED. DIRECTO	OR STAFF		-10-69	
L	22d. PHYSIC AN'S			DEGREE	PHYS 22e ADDRE		ж 🗀 Ритэ.		1-10-0	<u></u>
	NAME (Type) Rot	erto d	e Villarre	al.M.D			nard, Ma	rvla	nd	
2	30 BURIAL, CREMATION,	23b DATE		CEMETERY OR (			LOCATION (City, or		(County)	(State)
	REMOVAL (Specify)	march.	11.00	uls M	thedia	bless.	Rushy	Cilar	est	md.
2	4 FUNERAL DIRECTOR .	1	ADORESS	10 1	1 2	Sa. REC D BY REG	ISTRAR 256 F	EGISTRAR S		
X.	U.C. Hark	Sacre	1 Ton Det	Kt Belly	1. md.	MAR 1 9	1969	Cleans	An Vicenty	8

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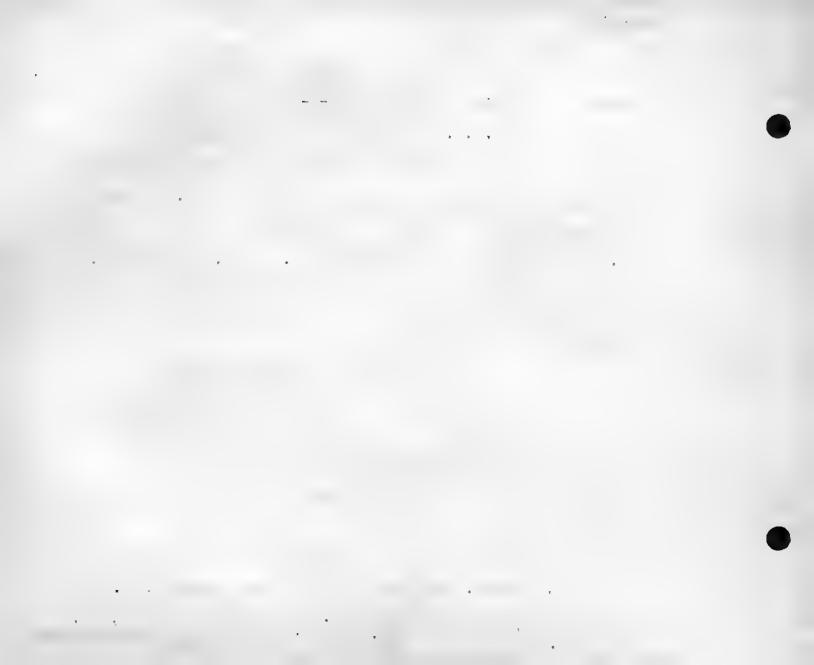
1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		03699 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03694
HEALTH DEPT.	D	DECEASED NAME 1 First Middle Last Kind 2a DATE KNOWN Month D	Doy Year , 2b HOUR
ay 's 3 to Poge		DEATH MATED -	7 189 7457
ny delay 's 1, 2, and 3 to m PM3 Page	3 \$	lost birthdoy) MONTHS DAYS MOURS MIN Month Day	Year 2d HOUR
2. 2.		BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF SEATH	19 N
रु के किया		miny) My gill widowed a divorced a Caliver	M
Give Poges I, clove Poges II, clove	10		26 KIND OF BUSINESS OR NOUSTRY
± .≥ (o , **\ .	130	USUAL RESIDENCE With Street and Number 13c, CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	
		Edmissian) STATE // Latin 136 COUNCILORS Own YES NO DE	
24 hours in Item 18 r's Office ss land?	4 1	FATHER'S NAME First Middle Reid IS MOTHER'S MAIDEN NAME First Reid Middle	Lost
hin ncil nunel poge hau		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dottes of service)  16b SOCIAL SECURITY NO Dan, Areful Owings Mc	d.
red will of Exar it. File hin 72		IB CAUSE OF DEATH (Enter only one couse per live or (a) (b) and (b) -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed ne word "pending" in to the Chief Medicol Epuriol-transit permit. Filin ony event within		IMMEDIATE CAUSE (a) CONTROL OF AS A DOUGHOUSE OF	
pen		Canditions, if they, which gave	
ord ord e Ch		rise to immediate couse (a).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho he w ho th burid			
This certificate should ficate, writing the word be forwarded to the Ch dbe used os a buriol-tract or removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISSASE OR COSDITION GIVEN IN PART 1(a)	
writh war war sed loval	CERTIFICATION	190. DATE OF OPERATION 126 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his ote, ote, rem	RTIFIC	WAS PERFORMED?	YES NO
INER: This certificate, writh should be forwar files. 3 should be used notion, or removal notion, or removal	MEDICAL CE	210 EXTERNA, CAUSE WAS:  PRIMARY OR CONTRIBUTING HOUR A.M.  P.M. 19	18)
	MEC	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, farm, street, while and whate at work at wo	Caunty State
EX ecute Pogra or y R: Po		22a   certify that I taak charge of the remoins described above, held an Autopsy   Inspection   Inquiry  .	ond in my opinion
		death resulted fram. Natural causes Accident , Suicide , Homicide , Undetermined manner	
direction of the control of the cont		ACTUAL AT IN MOUNT CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHI	/.
be rete		SIGNATURE	GNED
necessory, the funeral 5 may be 10 FUNERAL Health prin		NAME (Type)  ADDRESS(Street, city, town, ar county)	1107
01 of the 10 of	230	PEMOVAL (Spareful)	(State)
Onle	24	FUNERAL DIRECTOR.    3-31-69   Mt. Hope Ch. Ce	Cal Md.
VR A15MA (5		Pinkney E. Dewill Pring That DATE APR 3 1968 Ochon	



	1				PARTMENT OF				
1	П	03700	DIVISION OF VITAL RECORDS,			IMORE, MARY	AND 21201	036	95
				LEKTIFICA	TE OF DEATH				
훅 크림록		ECEASED-NAME First Type or print)	Middle	1,	Lost	20 DATE OF DE		Year_	2b. HOUR
de d	L.	ROSIE	E ELIZABETH E	trui	The .		Month Dry	69	2 D. M
	3. 5	EX	4. RACE	S.	DATE OF BIRTH	ó	AGE (In years		IF JHDER 24 HRS
	F	EMALE	WHITE		1/27/94	}	lost birthdoy) YRS.	MONTHS DAYS	edurs Min.
and	7p.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DE			
in ers.	(OU	PIARYLAND	U.S.A.	WIDOWED 🕟	DIVORCED	CATUUD	T COHNT	V	Md
e executed within 24 had and completely filled in cemoye carbon papers.	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		hospital 120. USU	AL OCCUPATION (K	nd of wark dane	Tele management	USINESS OR
手 子 5章 1V	T	rince Freder	cick Calvert Ho		during m	iost of working life	, even if retired.)	INDUSTRY	מה כי מיני
d w lete arb	13o	JSUAL RESIDENCE (Where deceo	sed lived, if institution: Residence before	13c, CITY OR TO	WN 38 INSIDE CITY I		T AND NUMBER		
we see of	odn	ission) STATE	13b. COUNTY Calvert	Princ	A FF YES A	0 🗆			
and tamp	14.	FATHER S NAME First	Middle Last		OTHER'S MAIDEN NAME	First	Middle		Lost
Te ge	I		TERLY			ANTE	75 7 77	VERLY	
are be execution and to any any and to any	_	. WAS DECEASED EVER IN U.S. AR		NO 17. INFO		AN LE.	Address	VERLY	
al, o	П	(If yes give	war or dates of service) 215-56-	7668	Madolvn R	sulings	Prince	e Fred	oriole
certi phen nav	F		nly one couse per line for (o), (b), and (c)		- 4 /	awillips		APPROXIMU	ATE INTERVAL
<b>4 5 9</b>		PART ! DEATH WAS CAUSE	DBY: MAIN	hon	17/	Year	0	REINSEH DINS	SET AND DEATH
dea fren rmi , ar		IMMED!	TATE CAUSE (o) WCCCO	1000	9 -7 22				
e a		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF						
msijan od		rise to immediate couse (a),	(0)		<del>[/</del>				
+ 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		stating the underlying cause							
equires that the death certificate by physician. Signed by the attending physician burial-transit permit. Then please burial, cremation, ar remaval, and			) (c) NDITIONS CONTRIBUTING TO DEATH BUT N	OT PELATED TO TH	E TERMINAL DISEASE OF	CONDITION GIVEN IN	PART I(a)		
req g pl g pl g bit		TAKE & OTHER SIGNIFICANT CO	MOITIONS CONTRIDERMO TO DENTIL BOT IN	OT REDITED TO TH	IL TERMINAL DISCUSE OR	CONDITION GIVEN	TAKE 1(0)		
by the haspital or attending physician. It is the death certificate be executed within 24 haurs after death by the haspital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the turnal be detached for use as the burial-transit permit. Then please tempore carbon papers. Pages I and 2 state Dept. at Health priar to burial, cremation, or remaval, and in any event, within 72 hours are reash.	NO.	190. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS PE	REORMED	20a. AUTOPSY?	20b te YE	S, WERE FINDINGS CO	INSIDERED IN CER	TIFYING
ds   land   land	CERTIFICATION	The Britain of Charles	. Common tok milettot Ekanon Maste	N. O. W. M. D.	YES NO	CALIFEE OF		WISIOEMAD IIV EEN	
Tropers de la serie	ERI	21a. ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY	21c HOW	INJURY OCCURRED (Ente		n Port 1 or Port 2 If	tom 18 \	
IAN fica for for He		DR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Year		MIJORY OCCORNED (EING	s notore of injuly a	1700 ( 0 100 1, 11	ioni 10-j	
SIC Spel spel certition	MEDICAL	(If either, notify medical exam 21d INJURY OCCURRED 21e	iner) P.M. 1		TON Street or R.F.D No	City or	Towns	Caunty	Stote
JING PHYS by the has ifter this ce be detathe State Dept.		While Not while of wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FA	211. LOCAL	ION SHEET OF K.P.D INC	r city or	town.	caomy	31016
<b>छ</b> से से के क		of wark of wark		1	/// 10/	27.102	£7: 10/	The shoot	(1) () In-
DIN P by Afte	П	saw the deceased	nis hospital) attended the deceas	ea 19094- <i>U</i> 19 <i>22</i> 7 and th	rot in (my) (aur) op		urred on the dot	te and hour o	(I) (we) las
ATTENC ATTENC Strained CTOR: A Shauld ith the	1	causes stated goov	e, (I) (we) (did) (did gat) view the	body ofter dea	th. /	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	onco on the del		1101111111
A C C S C S C S C S C S C S C S C S C S		22b. SIGNATURE	11/17		ATTENIO INIC	of n		ATE SIGNED	
OR OR INE	1	1	Herris	DEGREE	ATTENDING PHYS	DIRECTOR D	HAFF DHYS.		
TTAL OR ATTENUMUY be retained RAI DIRECTOR: A page 3 should be filed with the		22d. PHYSICIAN'S			22e. ADDRESS	-			
Page 4 may be retained by the haspital or attending physician. Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health priar to burial, cresponding to the prior to the pri		NAME (Type) CEOF	RGE J. WELDS ME		HUNTIN	CTOWN	MI		
O HOSPI' Page 4 m O FUNER, director, should b	230			CEMETERY OR CRE		23d JOCATION	City or Town)	(County)	(Stote)
5 5 6 4 4		REMOVAL (Specify)	urch 8,1969 Water	Monores		St. Les	rando	Calvert	- me.
	24	FUNERAL DIRECTOR	ADDRESS	1 11.	2So RECO	BY REGISTRAR	25b REGISTRAR'S	SIGNATURE	,
VR A15 VAC	10	1.0 Harken	assi don - Tout	Leulde	IND DATMAK	7 1969	youar	the many	Ca .



3		03701	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET	, BALTIMORE, MARYLAND 2120	11
2		09101		CERTIFICATE OF DE	ATH	03696
g	1	DECEASED-NAME Firs		lost	2a. DATE OF DEATH	2b. HOUR A
de de		(Type or print) Alic	e Louise	Soper	March	30 1969 6:40
al, and in any eveni, within 72 haurs after	3	SEX	4 RACE	S DATE OF BIRTH	6 AGE (In years east purpose)	
	1.	Female	White	6-1-03	iast piripady)	YRS. DAYS HOURS MIN
	7	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED TENEVER MARRIED	9 COUNTY OF DEATH	
		Maryland	U.S.A.	WIDOWED DIVORCED		Md.
0.	_ 10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in haspital	2a USUA. OCCUPATION (Kind of work o	
1		rince Freder		County Hospi	wing most of working life, even if return the supplier of the	red) "Retail"
	13	a USUA, RESIDENCE (Where decer	ased aved, if institution Residence before		ISIDE CITY LIMITS? 13e STREET AND NUMBE	
	/ 🖺	mission) STATE Maryla		North Beach		treet
i	1	FATHER'S NAME First	M.ddle Łost			
3		Joseph	Hall		rude	Titus
	1	Yes, nonor inknown) (1 yes give	MED FORCES? 16b. SOCIAL SECURIT		Conon Nonth E	
	-				Soper, North E	APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	inly one cause per line far (a), (b), and (		•	BETWEEN ONSET AND DEATH
		IMMED	IATE CAUSE (o)	VANATUR GOV	cononi	
		Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE O	Lucast 30	· 2204	
		ríse to immediate cause (a),	(0)	20	· · · · · · · · · · · · · · · · · · ·	
		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	4. C. V.A		
		-	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT REVATED TO THE TERMINAL DISE	FASE OR CONDITION GIVEN IN PART 1(a)	
			NOTIONS CONTINUES OF SOLES	THE TEAMINING DISE	box on editorion on the in the itely	
		19a. DATE OF OPERATION 194	. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTOPSY?	206 IF YES, WERE FINDE	NGS CONSIDERED IN CERTIFYING
þ				YES 🗀	NO CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLY	ING 215 TIME OF INJURY		D (Enter nature of injury in Port 1 or Po	ort 2, Item IB.)
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Doy Ye	or 19		
	1		B. PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.		R.F.D. Na. City or Town	Caunty State
		at work at wark				
		22a. I certify that (1) (t	his haspital) attended the decep	ised from 1068	., 19, ta, to aut) apinian death accurred an th	, 19 <u>69</u> , that (I) (we) last
		saw the deceased	ve, (I) (we) (did) (did nat) view th	ZVY, and that in (my) (a se bady after death	iur) apinian death accurred an th	ie date and havr and tram the
		225 SIGNATURE	re, (i) (we) (ala) (ala ilai) view ili			22c. DATE SIGNED
			1 Janes Pio mi	DEGREE PHYS.	DIRECTOR D STAFF	
	,	22d. PHYSICIAN'S		22e. ADDRESS		
	1	NAME (Type) Dr	Issman F. del Da	malouji	Prince Frederick,	Md.
	2		DATE 23c NAME (	DE CEMETERY OR CREMATORY	23d LOCATION (City or Town)	) (County) (State)
100		io. BURIAL, CREMATION, 23b REMOVAL (Specify) BUTL8	4/2/69 Mano	nacy Cem.	Beallesvil	le, Md.
1	1 2	Home Inc.	ley's Funera ADDRE	SSMt.Rainier eso	REC'D BY REGISTRAR 1969 REGISTRAR	Michigan Jandy
į	e e	TIOTHO - TIO .		MIST VISIT	CAPA LIVE /	U T



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03697 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT DECEASED-NAME First M ddie 20 DATE KNOWNIKT Month Day 2b HOUR (Type or Print) ent of MORRIS EDWARD STALL INGS DEATH MATED Mar. 1969230 PM 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years JE JENDER 1 YEAR IF INDER 24 HRS 2c DATE PRONOUNCED DEAD 2d #OUR puo MontMar. Doy 6 Year , 69 Male Dec. 25.1890 White 131.30 PM 70. BIRTHPLACE (State or fore an 7b CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED 9 COUNTY OF DEATH Office along with farm (ountry) WIDOWED 50 DIVORCED [ Calvert State | Maryland USA Give Pages TO, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OF give street address) during most of working life, even if retired.) INDUSTRY Chesaneake Beach 36 INSIDE CITY LIMITS? 138, STREET AND NUMBER Farming 13a USUAL RES DENCE (Where deceased I ved. f institution. Residence before 13c CITY OR TOWN 13b. COUNTY admission) STATE A Jem 18. YES NO X Ches. Beach be executed within 24 haurs ofter 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Last Stallings Annie Ward William Edward Examiner s hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 20836 (Yes no, or unknown) William E. Stallings, Owings, Maryland 214-14-1497 얦 within 7 .⊆ 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH shauld be forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). in any event DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause remayal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 1(0) 0 CERTIFICATION 190 DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [ 210 EXTERNAL LAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INVERY OCCURRED (Enter basine of values of Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21f LOSAZION Street or R 21e PLACE OF NYCRY (At home, form, street, AT WORK AT WORK 5 22a. I certify that I tank charge of the remains described above, held an Autopsy. Inspection Inquiry and in my apinian Surcide 2 death resulted from: Natural causes Accident Hamicide Undetermined manner I CHIEF MEDICAL EXAM NER ACTUAL may be re FUNERAL 225. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER O FUNES Health **EXAMINER'S** H. W. Ward NAME (Type) ADDRESS(Street, city, tawn, or county) 23a BUR.AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Mar. 9.1969 Mt. Harmony Chr. Cemetery Owings. Burial Calvert FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REG STRAR 2Sb REGISTRAR 5 5 GNATURE VR A15ME (5) \1 Owings, Md. TOM REV 1/68



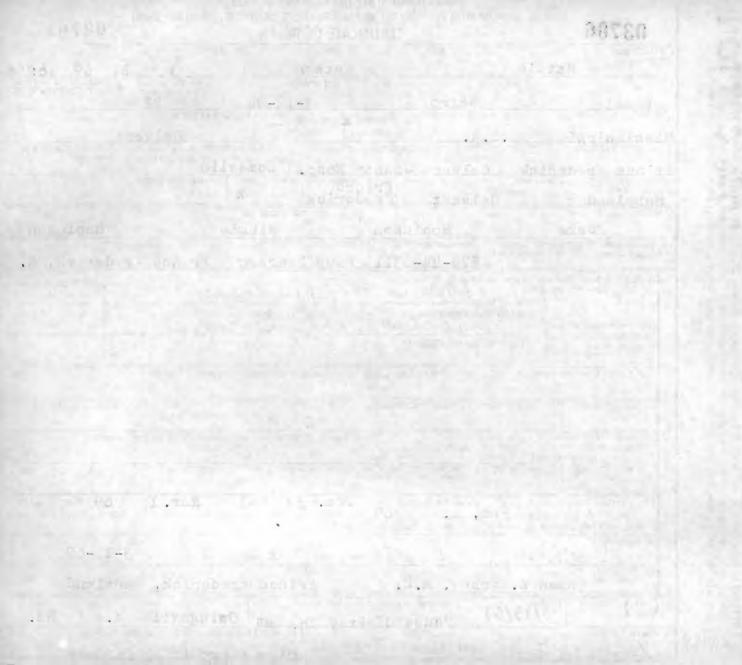
, 1	Items 5% Film Clar MARYLAND STATE DEPARTMENT OF HEALTH  1. 7.5 (60) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	14/16/69kk 08703 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME Frst (Type or Pr.nt) Samuel W. M. ddie Juston 20 DATE KNOWN Month Day Year 2b DEATH MATED & 3, 25 1868	HOUR
delay i	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years Justice 1 YEAR FUNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d 1 Year 1 YEAR 1 OLRS Milk Month 2 Day 2 4 Year 1 YEAR 1 OLRS MILK MONTH 2 DAY 2 4 Year 1 YEAR 1 OLRS MILK MONTH 2 DAY 2 4 Year 1 YEAR 1 OLRS MILK MONTH 2 DAY 2 4 Year 1 YEAR 1 OLRS MILK MONTH 2 DAY 2 4 YEAR 1	HOUR
30.5	7a BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	J 14t
ges 1, farm, det. Det	Country) New Jersey U.S.A. W DOWED X DIVORCED Calvert	Md
deal	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working, life, even if retired.)  North Beach  120 USUAL OCCUPATION (Kind of work done during most of working, life, even if retired.)  Carpenter  Building	OR
rs after +6. Give 2 with the	130 USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
V = 21 72 7	Md Calvert North Beach 18 100 Oth Street	
	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost S. Whetherall Taylor Mary A. Paxton	
ncil in niner's pages leaves	.60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS	
within wentil xamine ile pagi	(Yes, na, or unknown) (If yes give wor or dates of service) 579 03 8424 Edna Liverett Washington, D. C.	
ed of the left of	18 CAUSE OF DEATH (Enter only one cause per lue for (a), (b), and (c))  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONCHO  VASCULO  VASCULO  ONCHO  ON	VAL DEATH
be execut "panding nief Medic ansit permi	DUE TO, OR AS A CONSEQUENCE OF	
d be d 'p Chie trans	Cond Nans, if any, which gave rise to immediate cause (a).  (b)  DUE TO, OR AS A CONSEQUENCE OF	
ertificate shauld be everiting the word "par worded to the Chief- sed as a burial-transit aval, and in any ever	stating the underlying cause DUE TO, OK AS A CONSCOURNCE OF	
g the sed to ond t	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PRATED TO THE TERMINAL D SEASE OR COMMITTION GIVEN IN PART 1(0)	
certificate writing th irwarded t used as a naval, and	Found deapart in Um den	
be be	WAS PERFORMED?    196. CONSTITUTION FOR WHITE OPERATION   20 AUTOST?   21 AUTOST?   22 AUTOST?   22 AUTOST?   22 AUTOST?   23 AUTOST?   24 AUTOST?   25 AUTOST?   26 AUTOST?   26 AUTOST?   27 AUTOST?   28 AUTOST.   28 AUTOST?	0 🗆
* T T T	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19  21d N.JRY OCCURRED 71e PLACE OF INJURY (At home, form, street) 21f LOCATION Street or R.F.D. No. City or Town County	
	factors of the building of the	State
	AT WORK AT WORK	
A grand of the state of the sta	22o. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my of	pinton
Pillase e H director retained L DIRECTOR ior to bu	deoth resulted from: Notyrol chuses , Accident , Suicide , Homicide , Undetermined monner	
E. C. di	ACTUAL SIGNATURE	
DEPUTY ecessary, pl e funeral to may be re FUNERAL I	FXAMINER'S DEPUTY MEDICAL EXAMINER 2	
TO DEPUTY The funerol S may be no pend bend bend bend bend bend bend bend b	NAME (Type) H W Ward  ADDRESS(Street, cty, town, or county)	-
<b>ひ</b> 事 書 ~ <b>ひ</b> 男	230 BURIAL (REMATION, REMOVAL (Specify) 23b DATE 23c NAME OF (EMETERY OR TRIMBIORY 23d LOCATION (City or Town) (Cobnty) (Stote) 23c NAME OF (EMETERY OR TRIMBIORY Colmar Manor Pro Geo Md.	
VR A15ME (5)	24 FUNERA. DIRECTOR F. Gasch's Sons Hyattsville, Md.   250 REG STRAR   250 REGISTRAR 5 S.GNATURE   DATMAR 2 7 1969   250 REGISTRAR 5 S.GNATURE	
/s		





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03700 Items#1&5.6. FilmGLMEDICAL/EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20 DATE KNOWN Manth Year delay i nd 3 to Poge (Type or Print) DEATH MATED ō Store Department 1926 6. AGE (In years 3. SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEAT W-DOWED. DIVORCED TO **Give Pages** 10 CITY OR TOWN OF DEATH 120 LSUAL OCCUPATION (Kind of work done olong with 11 NAME OF HOSPITAL OR INSTITUTION (if not in trospital 126 KIND OF BUSINESS OR give street address) during most of war (ing life, even if retired ) the 3d. INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution Repidence before 13c CITY OR TOWN 13e FIREET AND NUMBER WIT. St. Leonald admission) STATE 136. COUNTY in Item 18. YES NO ofter 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME he certificate, writing the word "pending" in pencil in should be forworded to the Chief Medical Examiner's hours podes 17. INFORMANTO be executed within (Yes no of unknown) -Baltimore, event within 72 .5 APPROX MATE INTERVAL IB./CAUSE OF DEATH (Enter an y ane cause per line PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a). buriol-transit Canditions, if any, which gave rise to immediate cause (a). in ony This certificate should stating the underlying cause puo PART 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT REPORTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 0 removol CERTIFICATION CONDITION FOR WHICH OPERATIO 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES 🔲 2%. HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year, should PRIMARY OR CONTRIBUTING 21e PLACE OF NULRY (At hame, farm, street, 21f. LOCATION Sheet on R. P. Gity or Jown State NOT WHILE 5 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry . and in my apmion the funeral director. Accident Z death resulted fram: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL I 225 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUN. Health, p DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, 23b. DATE 23d LOCATION (City or Town) (State) 1969 Dorchester Memorial Park Cambridge, Maryland 24 FUNERAL DIRECTOR 24 FUNERA DIRECTOR
LeCompte Funeral Service, Cambridge, Maryland 25a REC D BY REG STRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68





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